

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/595789

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2			1		1			52					
3	1		1					53					
4		3			1			54					
5	1		1					55					
6		1			1			56					
7			1		1			57					
8		1			1			58					
9		1			1			59					
10		1			1			60					
11	1			1				61					
12	1		1					62					
13				1				63					
14				1				64					
15				1				65					
16				1				66					
17				1				67					
18				1				68					
19								69					
20								70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	5		5		5								
TOTAL DEP.	9	←	13	←		←							
TOTAL CLAIMS	14		18										